2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000113815



FILED May 16, 2008 8:00 am Secretary of State

1. Entity Name GARY'S AUTOMOTIVE OF PASCO INC						05-16-2008 9	0015 009	9 ***150	.00
6250 GALL BLVD		Mailing Address P.O. BOX 203 CRYSTAL SPRINGS, FL 33524		·			FIEL (1981) 31.660 (11 6 4 1 111 1418 1	M1884 & J184
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	I. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt. #, etc.		04272008	Chg-P	CR2E	34 (12/06)	
City & State		City & State			4. FEI Numb				oplied For
Žip	Country	Zip	Coun	ntry		of Status Desired		\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current F	legistered Agent	<u> </u>	T	7. Name and	Address of New i	Registered .		
SOUTHWICK, RICHARD A JR 1518 CRYSTAL SPRINGS RD ZEPHYRHILLS, FL 33540				Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Coc	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or regi	istered agent, or bo	h, in the State of Fl	lorida. 1 am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent at	d title if applicable. (NOT	E: Registere	d Agent signature req	(uked when rainstating)		DATE		
	E NOW!!! FEE 1S \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cont		~ ~ ,	\$5.00 May Be Added to Fees		****		
10.	OFFICERS AND D	PIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
, TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOUTHWICK, RICHARD A JR 1518 CRYSTAL SPRINGS RD ZEPHYRHILLS, FL 33540	□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOUTHWICK, JUDITH A 1518 CRYSTAL SPRINGS RD ZEPHYRHILLS, FL 33540	☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SOUTHWICK, KENNETH 1518 CRYSTAL SPRINGS RD							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delate SOUTHWICK, RICHARD A III 1518 CRYSTAL SPRINGS RD ZEPHYRHILLS, FL 33540		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1				Change	☐ Addition
of the cor changed,	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, with the control of the control	vered to execute this report	ny signati as requir			as if made under in s; and that my nam	oath; that I e le appears in		
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Dayling Proce 8									